

# (REFERENCE COPY - Not for submission) Notification of Consummation

File Number: 0000146092 | Submit Date: 05/19/2021 | Lead Call Sign: WFDC-DT | FRN: 0008194805 | Service: Full Service Television | Purpose: Notification of Consummation | Status: Accepted | Status D

05/28/2021 Filing Status: Active

#### General Information

| Section     | Question   | Response |
|-------------|--|----------|
| Attachments | Are attachments (other than associated schedules) being filed with this application? | No       |

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

| Applicant          | Address  | Phone                 | Email                   | Applicant Type               |
|--------------------|--|-----------------------|-------------------------|------------------------------|
| UNIMAS D.C.<br>LLC | CHRISTOPHER G.<br>WOOD<br>5999 CENTER DRIVE<br>LOS ANGELES, CA<br>90045<br>United States | +1 (310) 348-<br>3600 | CWOOD@UNIVISION.<br>NET | Limited Liability<br>Company |

## Contact Representatives Information (1)

| Contact Name                               | Address  | Phone                 | Email                | Contact Type            |
|--|--|-----------------------|----------------------|-------------------------|
| MATTHEW S. DELNERO COVINGTON & BURLING LLP | ONE CITYCENTER 850 TENTH STREET, NW WASHINGTON, DC 20001 United States | +1 (202) 662-<br>5543 | MDELNERO@COV.<br>COM | Legal<br>Representative |

#### Consummation Notification Details

#### **Details**

| Date of Consummation | FRN of Licensee Post-consummation |
|----------------------|-----------------------------------|
| 2021-05-18           | 0008194805                        |

#### **Consummate the Following Authorizations:**

Select all the authorizations in the table below that will *not* be consummated

| Call Sign | Facility ID | File Number | Will Not Consummate |
|-----------|-------------|-------------|---------------------|
| WFDC-DT   | 69532       | 0000139762  |                     |

## Certification

| Section                  | Question  | Response |
|--------------------------|---|----------|
| Authorized Party to Sign | WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503). |          |

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Christopher G Wood SVP ASSOC GEN COUN GOV AND REG AFF

05/19/2021

**Attachments** 

Information not provided.